

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047706

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** ELTON'S TRACTOR SERVICE L.L.C.

**Current Principal Place of Business:**

P.O. BOX 936  
CRAWFORDVILLE, FL 32326

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 936  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

FEI Number: 27-0072407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRAWAY, ELTON  
43 EVALEC RD  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

CARRAWAY, ELTON  
PO BOX 936  
CRAWFORDVILLE, FL 32326 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CARRAWAY, ELTON  
Address: P.O. BOX 936  
City-St-Zip: CRAWFORDVILLE, FL 32326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELTON CARRAWAY

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date